

LOUISIANA DEPARTMENT OF INSURANCE

APPLICATION FOR **INDIVIDUAL** RESIDENT OR NONRESIDENT INSURANCE PRODUCER OR SURPLUS LINES BROKER LICENSE

Read the application carefully and PRINT or TYPE your responses. **Incomplete applications will cause delays in the licensing process.**
Applications for licenses not requiring an exam, nonresident applications must be mailed directly to this Department.

① Soc. Security Number		② If applicable, NASD Individual Central Registration Depository (CRD) Number	
③ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
④ Last Name JR./SR. etc		⑤ First Name	⑥ Middle Name
		⑦ Date of Birth (month) ____ (day) ____ (year) ____	
⑧ Residence/Home Address (Physical Street)		⑨ P.O. Box	⑩ City
		⑪ State	⑫ Zip or Foreign Country
⑬ Home Phone Number () -	⑭ Gender (Circle One) Male Female	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)	
⑯ Applicant Trade Name (if any) Attach copy of Confirmation Letter from Louisiana Secretary of State			
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City
		⑳ State	㉑ Zip or Foreign Country
㉒ Business Phone Number () -	㉓ Business Fax Number () -	㉔ Business E-Mail Address	㉕ Business Web Site Address
㉖ Applicant's Mailing Address		㉗ P.O. Box	㉘ City
		㉙ State	㉚ Zip or Foreign Country

Agency or Business Entity Affiliations

㉛ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

Employment History

㉜ Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

		From		To		Position Held
		Month	Year	Month	Year	
Name						
City	State					
Name						
City	State					
Name						
City	State					
Name						
City	State					
Name						
City	State					

FISCAL DIVISION ONLY	AGENT LICENSING ONLY	FOR DEPARTMENT OF INSURANCE USE ONLY
		Classification Number
		Date Processed
		Initials
		License Number
		Issue Date

LOUISIANA DEPARTMENT OF INSURANCE

APPLICATION FOR **INDIVIDUAL RESIDENT OR NONRESIDENT**
INSURANCE PRODUCER OR SURPLUS LINES BROKER LICENSE

Changes in Louisiana's laws go into effect on January 1, 2002. Louisiana has adopted the NAIC Producer Licensing Model Act and will issue a Producer License or a Producer Agency License (no more agents, brokers or solicitors).

Check the license type for which you are applying.

☐ PRODUCER

☐ SURPLUS LINES BROKER

Check One

<input type="checkbox"/> Resident License	<input type="checkbox"/> Nonresident License	<input type="checkbox"/> Temporary License	<input type="checkbox"/> Amended License
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Submit \$75 per line of authority you are applying for.

Major Lines of Authority (Exam Required)

<input type="checkbox"/> Life	<input type="checkbox"/> Life, Health & Accident	<input type="checkbox"/> Property	<input type="checkbox"/> Property & Casualty
<input type="checkbox"/> Health & Accident	<input type="checkbox"/> Variable Contracts	<input type="checkbox"/> Casualty	

Limited Lines of Authority (*Exam Required)

<input type="checkbox"/> Credit Life	<input type="checkbox"/> Credit Property	<input type="checkbox"/> Travel	<input type="checkbox"/> Title*
<input type="checkbox"/> Credit Health & Accident	<input type="checkbox"/> Industrial Fire*	<input type="checkbox"/> Baggage	<input type="checkbox"/> Bail Bond*
<input type="checkbox"/> Credit Life, Health & Accident	<input type="checkbox"/> Vehicle Physical* Damage	<input type="checkbox"/> Fidelity & Surety*	<input type="checkbox"/> Home Service
<input type="checkbox"/> Industrial Life, Health & Accident	<input type="checkbox"/> Personal Lines* Property & Casualty		<input type="checkbox"/> Auto Service Club

☐ **Nonresident's only:** If you **DO NOT** find your license type listed above you must provide the license type and qualifications you hold in your home state. _____.

*If your letter of certification does not specifically list the line of authority for which you are applying, please provide documentation from your resident state's Department of Insurance supporting your qualification for that line.

Background Information

34 The Applicant must read the following very carefully and answer every question:

1. Regardless of whether you received a pardon or had a charge expunged, during your lifetime, including military service, have you ever: Yes ___ No ___
been convicted, or have you entered into a negotiated plea agreement, entered a plea of guilty or nolo contendere to a bill of information or indictment, or participated in a pretrial diversion program pursuant to a felony charge; have you ever been convicted of any misdemeanor involving moral turpitude or public corruption, or had a sentence suspended or had pronouncement of a sentence suspended in connection with any other felony or misdemeanor criminal activity?

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a detailed written explanation of the circumstances surrounding the demand for judgment,
- b) a copy of the document describing the allegations against you,
- c) if applicable, a copy of the official document (i.e. judgment) demonstrating resolution of the demand or judgment.

4. Have you been subject to a bankruptcy proceeding within the past 10 years? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a detailed written explanation of the circumstances surrounding the bankruptcy,
- b) list the type and location of the bankruptcy,
- c) if applicable, a copy of the official document (i.e. discharge of debtor or plan of reorganization signed by the judge) which demonstrates resolution of the bankruptcy.

5. Have you been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____ and submit a copy of the documentation indicating the tax obligation.

6. Are you currently a party to, or have you ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

7. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) an explanation of why you believe the incident should not prevent license issuance, and
- c) a copy of all relevant documents.

8. Do you have a child support obligation in arrearage? Yes ___ No ___

If yes, how many months are you in arrearage? _____ Months \$ _____ Monthly Obligation

9. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

Applicants Certification and Attestation

35 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child support obligation, or b) I have a child support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)